

WE ARE YOUR DOL



Department
of Labor

A proud partner of the American Job Center network

Workforce Development System Rapid Response Customer Application and Information Survey

Please complete this form, as this will help us find services and programs that fit your needs. **Please print clearly.**

Date: ____/____/____ Date of birth: ____/____/____ Social Security Number: ____-____-____
Last name: _____ First name: _____ *Gender: Male Female
Address: _____ City: _____ State: ____ Zip: _____ County: _____
Home phone: (____) _____ - _____ Cell phone: (____) _____ - _____ Email: _____
Preferred language: _____ *Ethnicity: Hispanic or Latino Not Hispanic or Latino
*Race: Alaska Native or American Indian Asian Black or African American Native Hawaiian or other Pacific Islander White
*Do you have a disability? Yes No

* Note: These questions are voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements. You will not be penalized for refusal to answer.

Education:

Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 High School Graduate or GED/TASC
Vocational Degree/Certificate: Issuing institution: _____ Type: _____
Highest college level completed: Some College – 1 year 2 years 3 years Associate's Bachelor's Master's Doctoral Degree
College attended: _____ List major: _____ State: _____
School status: Attending school Not attending school If in school, list details: _____

Veteran Status:

Did you serve in the military? Yes No If yes, please list dates of active service: ____/____/____ through ____/____/____
Military branch: _____ Housing status: Own home Rent Homeless
Are you receiving compensation for a service-connected disability? Yes No If yes, is your disability rating 30% or higher? Yes No

Employment, Job Search & Preferences:

Current employer name: _____ Job location: _____
Job title: _____ Wage/salary: _____ hourly annual
Start date: ____/____/____ Layoff date (if known): ____/____/____ Length of time: ____ years ____ months

Job description:
(be specific) _____

Job skills:
(from all jobs/training) _____

Do you have a resume? Yes No Would you like help updating or creating a resume? Yes No
Would you like to receive information on Interview Tips Cover Letter Writing Funding for Training Career Planning
What job titles will you be applying for during your work search? _____
List some businesses you might be interested in working at: _____
Are you thinking about enrolling in school or training? Yes No If yes, what type of training? _____
What is the minimum salary you expect to earn at your next position? _____ hourly annual
What hours of work do you prefer? Full time Part time Preferred shift: First Second Third Any
How do you get to work? _____ How many miles are you willing to travel to work? 5 10 25 50
Do you have a Driver's License? Yes No If yes, issuing state: _____ What class of license do you have? _____